

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/868586 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	1		1			
4	1		1			
5	1		1			
6			1			
7			1			
8			1			
9	1		1			
10			1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	/					
TOTAL DEP.	15	↔	↔	↔		
TOTAL CLAIMS	16					

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		↔		↔	
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS					